



**MONTANA STATE HOSPITAL
MENTAL HEALTH CENTER
POLICY AND PROCEDURE**

**NOTIFICATION OF POLICY
IMPLEMENTATION OR CHANGE**

Effective Date: January 10, 2003

Policy #: TCU-06

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- I. PURPOSE:** To establish a procedure for assuring that staff assigned to the Transitional Care Unit (TCU) understand and follow policies specific to operation of the program.
- II. POLICY:** All staff assigned to the TCU will review all policies and procedures concerning the operation of the program or the facility. Updated information will be provided to staff as policies and procedures are initiated or revised.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Nurse Manager will ensure staff have access to all policy and procedures and understand the applicability of this information to the program and operation of the facilities.
 - B. TCU Staff will read and understand policies and procedures and ask questions to bring concerns to their supervisor's attention.
- V. PROCEDURE:**
 - A. A policy and procedure manual will be available on each TCU.
 - B. Each member of the hospital staff who may be assigned to work the TCU will review the policy and procedure manual and sign a confirmation sheet. This signature signifies that the employee understands the information and their obligation to follow the policy or procedure.
 - C. When new policies are implemented or existing policies are revised, this information will be communicated to staff by the team leader or through memos. Staff will sign a confirmation sheet indicating they understand the information and their obligation to follow the policy or procedure.
- VI. REFERENCES:** Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908

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- VII. COLLABORATED WITH:** Director of Quality Improvement, Director of Nursing Services, and Team Leaders
- VIII. RESCISSIONS:** Policy #TCU-06-99-N, *Notification of Policy Implementation or Change* dated July 15, 1999.
- IX. DISTRIBUTION:** TCU Policy and Procedure Manuals
- X. REVIEW AND REISSUE DATE:** January 2006
- XI. FOLLOW-UP RESPONSIBILITY:** RN Supervisors of the Montana State Hospital Mental Health Center.
- XII. ATTACHMENTS:** Attachment A. [New Policy/Revised Policy Confirmation Form](#)

_____/____/____
Ed Amberg
Hospital Administrator Date

_____/____/____
Thomas Gray, MD
Medical Director Date

New Policy/Revised Policy Confirmation Form

Policies Covered

Date Posted ____/____/____

I have reviewed and understand the above policies and or procedures.

[illegible]